ascend
TO WHOLENESS
HEALTHCARE PLANS

Plan Comparison
SUMMARY

Careful study and effort has gone into the redesign of the new healthcare plans. Effective January 1, 2018, your employer through the Ascend to Wholeness Healthcare Plans (Plan) is offering two choices which include new features and enhanced customer service.

The Plans enable members to get the right care at the right time to avoid preventable conditions as well as manage conditions that may already exist. They are not designed to discriminate against the sick to deny them care. Quite the contrary: the health plans are designed to extend preventive services and care coordination to those who are most in need.

You can choose either the Accelerate Plan or the Access Plan more information is contained in the 2018 Plan Guide and the **www.AscendToWholeness.org** website.

Changes 2018

The plan names and benefits have changed. The new plans are the Accelerate and Access. This document is a summary of the Plans.

- The Accelerate Plan includes new services for you, investing in your wellness through care coordination.
- Medical benefit services will only be covered in the Aetna Signature Administrators network. Out-of-network care – other than emergencies – will require pre-authorization by the Plan. If specialized care is unavailable at an in-network facility, please contact member services for additional assistance. It is your responsibility to verify the medical provider you are going to is in the Aetna Signature Administrators Preferred Provider Organization. As outlined in the summary of benefits to follow, alternative therapies (massage, acupuncture, chiropractic), refractive eye surgery, hearing aids and infertility treatments will not require in-network services.
- Your Medical and Prescription benefit out-of-pocket maximum (OOP) accruals continue to include coinsurance, but will now also include deductibles and co-payments.These means you will reach this maximum faster, allowing for the plan to pay at 100% after that.
- Your Medical and Prescription benefits Maximum -out-of-Pocket responsibilities have changed, as noted below. No combination of your medical or prescription benefits OOP will exceed the max allowable by the Affordable Care Act (ACA).

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Out-of-Pocket Maximum

Accelerate Plan		INDIVIDUAL			FAMILY		
YEAR	PLAN	MEDICAL	PHARMACY	TOTAL	MEDICAL	PHARMACY	TOTAL
2017	Legacy	$2,800	$750	$3,550	$5,600	$1,500	$7,100
2018	Accelerate	$2,750	$1,250	$4,000	$5,500	$2,500	$8,000

Access Plan		INDIVIDUAL			FAMILY		
YEAR	PLAN	MEDICAL	PHARMACY	TOTAL	MEDICAL	PHARMACY	TOTAL
2017	Legacy	$5,600	$2,500	$8,100	$11,200	$5,000	$16,200
2018	Access	$5,600	$1,550	$7,150	$11,200	$3,100	$14,300

- The Accelerate Plan will reimburse members for participation in the following lifestyle programs: CHIP, Weight Watchers, and Full Plate Living. See below in the Schedule of Benefits section and the full Plan for details.

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Schedule of Benefits

The Schedule of Benefits is only a summary. You should read the full Plan for additional information about your benefits. The full Plan will be available at **www.AscendToWholeness.org** no later than January 2018.

Medical Benefits

Benefits	Accelerate	Access
	MEMBER RESPONSIBILITY	
PREVENTIVE SERVICES Paid at 100% of allowable charges in-network	$0	$0
DEDUCTIBLE Individual/Family	$300/$600	$600/$1,200
CO-INSURANCE (after deductible)	20%	20%
OUT-OF-POCKET MAXIMUMS Individual/Family	$2,750/$5,500	$5,600/$11,200
OFFICE VISIT COPAYS • Copay applies only to office visit charge, based on contracted rate in-network; all other charges are paid at 80% of in-network allowable • Other charges apply to correlating Plan Year deductible and out-of-pocket maximum	$25	$50
URGENT CARE CENTERS • May be paid as an office visit or as an emergency room visit according to provider contract • Payment based on contracted in-network rate • Charges with no applicable copay apply to Plan Year deductible and out-of-pocket maximum • Facility fees for office visits are not paid	$25 or $100	$25 or $100
OUTPATIENT SERVICES • May be paid as an office visit or as an emergency room visit according to provider contract • Payment based on contracted in-network rate • Charges with no applicable copay apply to Plan Year deductible and out-of-pocket maximum • Facility fees for office visits are not paid	20%	20%
INPATIENT/OUTPATIENT HOSPITAL STAYS: **Office/Ambulatory Surgical Procedures** • Paid at 80% of allowable charges in-network • Pre-certification required to receive full Plan benefits • Applies to correlating Plan Year deductible and out-of-pocket maximum	20%	20%
EMERGENCY ROOM (COPAYS AND CO-INSURANCE) • Paid at 80% of allowable charges after copay per occurrence • Copay waived if admitted	$100 + 20%	$100 + 20%
DURABLE MEDICAL EQUIPMENT • Paid at 80% of allowable charges in-network • $8,000 maximum payment per Plan Year • Charges above $1,500 require pre-certification • All rentals require pre-certification • Applies to Plan Year deductible and out-of-pocket maximum	20%	20%

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Benefits	Accelerate	Access
	MEMBER RESPONSIBILITY	
MENTAL HEALTH OUTPATIENT SERVICES / PARTIAL HOSPITALIZATION • Copay applies only to counseling session charge, based on contracted in-network rate • All other charges are paid at 80% of in-network allowable • Other charges apply to correlating Plan Year deductible and out-of-pocket maximum • Some services may require pre-certification to receive full Plan benefits	$25	$25
MENTAL HEALTH INPATIENT SERVICES • Paid at 80% of allowable charges in-network • Pre-certification required to receive full Plan benefits • Applies to correlating Plan Year deductible and out-of-pocket maximum	20%	20%
SUBSTANCE ABUSE/CHEMICAL DEPENDENCY **Outpatient/Partial Facility Visits** • Copay applies only to counseling session charge, based on contracted in-network rate • All other charges are paid at 80% of in-network allowable • Other charges apply to correlating Plan Year deductible and out-of-pocket maximum • Some services may require pre-certification to receive full Plan benefits	$25	$50
SUBSTANCE ABUSE/CHEMICAL DEPENDENCY **Inpatient Treatment** • Paid at 80% of allowable charges in-network • Pre-certification required to receive full Plan benefits • Applies to correlating Plan Year deductible and out-of-pocket maximum	20%	20%
HEARING CARE **Professional Testing/Screening** • Paid at 80% of allowable charges in-network • Applies to correlating Plan Year deductible and out-of-pocket maximum	20%	20%
HOME HEALTH CARE • Paid at 80% of allowable charges in-network • Maximum of 120 visits per Plan Year • Pre-certification required to receive full Plan benefits • Applies to correlating Plan Year deductible and out-of-pocket maximum	20%	20%
HOSPICE CARE • Paid at 100% of allowable charges • Pre-certification required to receive full Plan benefits	$0	$0
ORGAN/TISSUE TRANSPLANTS • Pre-certification required to receive full Plan benefits • Applies to correlating Plan Year deductible and out-of-pocket maximum	20%	20%
THERAPEUTIC SERVICES Physical Therapy Occupational Therapy Speech Therapy Vision Therapy **May require pre-certification. Please refer to full Plan document for specifics.**	20%	20%

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Medical Benefits – No PPO Network Utilization Required

Benefits	Accelerate	Access
	MEMBER RESPONSIBILITY	
ALTERNATIVE THERAPIES • Have a collective limit of 45 alternative therapy visits per Plan Year; no single therapy category to exceed 30 visits per Plan Year • Does not apply to Plan Year deductible or out-of-pocket maximum		
ALTERNATIVE THERAPIES **Chiropractic Services** • Limited to spinal manipulation after annual office visit and x-ray • Must be age 10 or older	20%	50%
ALTERNATIVE THERAPIES **Acupuncture Therapy** • Must be age 18 or older	50%	100% *Not Covered*
ALTERNATIVE THERAPIES **Massage Therapy** • Maximum allowable charge is $90 per visit • Minimum of a 30-minute visit • Must be age 18 or older	50%	100% *Not Covered*
REFRACTIVE EYE SURGERY • Lifetime maximum payable benefit of $2,400 • Does not apply to Plan Year deductible or out-of-pocket maximum	20%	50%
HEARING AIDS • Paid at 80% of allowable charges • Plan Year maximum payable benefit of $3,200 • Does not apply to Plan year deductible or out-of-pocket maximum	20%	20%
INFERTILITY TREATMENT • Lifetime maximum benefit $16,000 • Does not apply to Plan Year deductible or out-of-pocket maximum	20%	50%
LIFESTYLE PROGRAM **Weight Watchers - group meetings only** • Lifetime maximum • Physician's prescription is required with the submission of the first month's claim. • Member Reimbursement • Excludes online and Weight Watchers for diabetes • Does not count towards member out of pocket maximums	12 months required 100% with proof of 80% completion	100% *Not Covered*
LIFESTYLE PROGRAM **CHIP** • Lifetime maximum • Physician's prescription is required with the submission of the first month's claim. • Member Reimbursement	2 CHIP Programs Required 100% with proof of 80% completion	100% *Not Covered*
LIFESTYLE PROGRAM **Full Plate** • Plan Year Maximum • Physician's prescription is required with the submission of the first month's claim. • Member Reimbursement	1 Required 100% with proof of 80% completion	100% *Not Covered*

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Prescription Benefits

Benefits	Accelerate	Access
	MEMBER RESPONSIBILITY	
PRESCRIPTION DRUG Out-of-Pocket Maximums: Individual/Family	$1,250/2,500	$1,550/3,100
PRESCRIPTION DRUG Prescription co-payment responsibility* RETAIL – 30 DAY SUPPLY • Generic • Brand • Non-Formulary	 $10 $20 $40	 $10 $50 $100
PRESCRIPTION DRUG Prescription co-payment responsibility* MAIL ORDER – 90 DAY SUPPLY • Generic • Brand • Non-Formulary	 $20 $40 $80	 $20 $100 $200

Notes:
- Co-payments apply to the prescription benefit out-of-pocket maximum.
- Penalties for non-compliance do not apply toward Plan Year out-of-pocket maximum.
- The Plan pays 100% (and Members pay $0) for preventive prescription drugs as described in the section of this document entitled PREVENTIVE CARE SERVICES – PRESCRIPTION.
- Out-of-pocket for prescription benefits will be tracked by the Prescription Benefit Manager. Your pharmacy will be notified if you reach the Plan Year out-of-pocket maximum.
- Any adjudication, pre-certification, Plan provision or requirement of the Plan's designated Pre-certification office will take precedence over those documented in the Plan.

*Your employer may apply a 20% copayment rather than a flat-dollar copayment

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Dental Benefits

Benefits	Accelerate		Access	
	MEMBER RESPONSIBILITY			
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
PLAN YEAR DEDUCTIBLE Individual/Family	$100/$300	$150/$450	$250/$750	$500/$1,500
CO-INSURANCE (AFTER DEDUCTIBLE)	20%	25%	20%	50%
MAXIMUM PAYABLE BENEFIT PER PLAN YEAR Individual/Family	$2,500/$7,500	$2,500/$7,500	$2,500/$7,500	$2,500/$7,500
DENTAL CARE **Preventive Care** • Paid at 100% • Does not apply to Plan Year deductible • Does apply to Plan Year maximum payable benefit	0%	0%	0%	0%
DENTAL CARE **Restorative Care** • Paid at 80% of allowable charges in-network; 75% of U&C out-of-network • Applies to correlating Plan Year deductible • Pre-determination may be required	20%	25%	20%	50%
ORTHODONTIC CARE • Paid at 50% of allowable charges • $2,300 maximum lifetime payable • Eligible up to age 24 (through age 23)	50%	50%	50%	50%

Vision Benefits

Benefits	Accelerate	Access
	MEMBER RESPONSIBILITY	
VISION CARE • Paid at 80% of allowable charges • Plan Year maximum payable benefit $450 per member • Does not apply to Plan Year deductibles • Does not apply to Plan Year out-of-pocket maximums	20%	20%

This Plan Comparison Guide is a summary and briefly describes some of the benefits and member responsibilities of the Access and Accelerate plans. This summary does not provide coverage of any kind, nor does it modify the terms of the plans. Please refer to the Plan document at www.AscendToWholeness.org for a complete description of your benefits.

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